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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/787,454	02/26/2004	Jitendra R. Nirmal	CIL1946	5636

TITLE OF INVENTION: TRUCK-MOUNTED ESCALATOR

APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665		\$0	\$665	11/04/2004
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CFR 1.363). Change of corresponde Address form PTO/SB/13	,	Correspondence	(1) the na or agents ((2) the na	nting on the patent front page, li mes of up to 3 registered pater OR, alternatively, me of a single firm (having as a	nt attorneys 1a member a 2	
PTO/SB/47; Rev 03-02 (Number is required.	on (or "Fee Address" Indicat or more recent) attached. Use	of a Customer	2 registere	attorney or agent) and the named patent attorneys or agents. If name will be printed.	nes of up to no name is 3	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be	e printed on the patent);	individual 🗅	Corporation or other private group entity	government	
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☐ Issue Fee	☐ A check in the amount of the fee(s) is enclosed.				
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(Authorized Signature) (Date)

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